



AGENDA  
HAMPSHIRE LIQUOR COMMISSION MEETING  
December 16, 2021  
6:30 P.M.

1. Call to Order.
2. Establish Quorum.
3. Approve Meeting Minutes of December 2, 2021.
4. Review & Approve Liquor License : Newman's Pub, Red Ox Restaurant, T.A. of America, Blocks Fresh Market and Jimmy's Sports Bar.
6. Other Business
7. Adjournment.

## HAMPSHIRE LIQUOR COMMISSION

December 2, 2021

Mike Reid, Chairman, called the meeting to order at 6:00 p.m.

Present: Trustee Koth, Mott

Absent: None

Trustee Koth moved, to approve the minutes for June 23, 2021.

Seconded by Mott  
Motion carried by roll call vote  
Ayes: Koth, Mott, Reid  
Nays: None  
Absent: None

Liquor Commission noticed a few that had expire insurance and bonds. Village Manager Hedges and Village Clerk Vasquez will send those letters stating they need to bring in their updated paperwork. Until then the commission will not approve their license.

Trustee Koth moved, to approve the following liquor license for 2022: The Kave, Road Ranger, Tuscan Sun, Casey's, Hampshire Gasoline, Rose Garden, Hampshire Park District, Rosati's Pizza, Speedway, Copper Barrel on State and Love's Travel Stops.

Seconded by Mott  
Motion carried by roll call vote  
Ayes: Koth, Mott, Reid  
Nays: None  
Absent: None

Village President Reid announced we will have another Liquor Commission meeting December 16 for Newman's Pub, Red Ox Restaurant, T.A. of America, Blocks Fresh Market and Jimmy's Sports Bar with their updated paperwork.

### Adjournment

Trustee Mott moved, to adjourn the Liquor Commission meeting at 6:15 p.m.

Seconded by Koth  
Motion carried by roll call vote  
Ayes: Koth, Mott, Reid  
Nays: None  
Absent: None

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Mike Reid Jr., Village President



EMBRACE OPPORTUNITY  
HONOR TRADITION

*Recd,  
11-30-21*

*5633*

# Village of Hampshire

234 S. State Street, Hampshire, IL 60140  
Phone: 847-683-2181 • www.hampshireil.org

## APPLICATION FOR LIQUOR LICENSE

DATE: 11/30/21

NAME OF BUSINESS: Block's Fresh Market SALES TAX ID: 4298-0607

NAME OF APPLICANT: Mital R Pali

ADDRESS OF BUSINESS: 199 Maple Place, Hampshire, IL, 60140

BUSINESS PHONE NO.: 847-683-2531

MAILING ADDRESS: Same

TO: Local Liquor Control Commission  
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> Class I- \$ 500.00     |

2. License Period:

Commencing on January 1, \_\_\_\_\_ and ending December 31, \_\_\_\_\_ or  
Commencing on \_\_\_\_\_ and ending December 31, \_\_\_\_\_

3. Type of Business Entity (check one):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (specify)        |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Mital. R. Pali  
BIRTHDAY: 10 | 3 | 1975  
HOME ADDRESS: 211 Burnside Cir, Bartlett, IL, 60103.  
DRIVERS LICENSE# P-340-5567-5882 HOME PHONE# 630-770-0454  
BUSINESS STATUS: Grocery + liquor store (Retail) Block's Fresh Market  
PERCENTAGE OF STOCK HELD: 95 %

Name: \_\_\_\_\_  
BIRTHDAY: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_  
BUSINESS STATUS: \_\_\_\_\_  
PERCENTAGE OF STOCK HELD: \_\_\_\_\_  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes.  
If naturalized, state date and place of naturalization: SD, Sioux Falls, Aug 2 1996.  
If an Illinois corporation, state date of corporation: Paramguru 9 LLC 9/24/2018  
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. —
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. For operation of Block's Fresh Market
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. location. 199 Maple Pl Hampshire, IL, 60140, Grocery + liquor
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. N/A  
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. —



20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? yes.
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? yes.
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? yes.
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? \_\_\_\_\_  
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Mital R Patel 



Sec. \_\_\_\_\_

\_\_\_\_\_

STATE OF Illinois )  
 ) SS  
 County of Kane )

The undersigned swears that all statements are true and correct.

  
 \_\_\_\_\_

CORPORATE SEAL

Subscribed and sworn to before me this 30 day of Nov, 2021.



Carol L. Romano  
 Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> KWIK INSUREU INC. 2815 FORBS AVE. SUITE 107 HOFFMAN ESTATES, ILLINOIS 60192	<b>CONTACT NAME:</b> DIVYESH PATEL <b>PHONE (A/C No. Ext):</b> 630-605-8695 <b>E-MAIL ADDRESS:</b> DAVE@KWIKINSUREU.COM		<b>FAX (A/C, No):</b> 866-869-2596
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> PARAMGURU 9 LLC DBA BLOCKS FRESH MARKET 199 SOUTH MAPLE PLACE HAMPSHIRE, IL 60140	<b>INSURER A:</b> GUARD INSURANCE COMPANY		<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PABP298692	11/29/2021	11/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b>		PABP298692	11/29/2021	11/29/2022	AGGERGATE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DIVYESH PATEL Nov 30, 2021



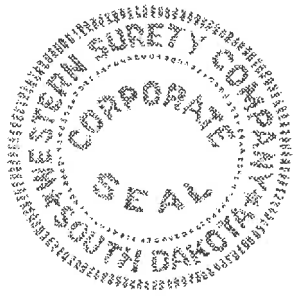
# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64438665 briefly described as LIQUOR VILLAGE OF HAMPSHIRE,  
 \_\_\_\_\_,  
 for PARAMGURU 9, LLC DBA BLOCK'S FRESH MARKET  
 \_\_\_\_\_, as Principal,  
 in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 03, 2021, and ending December 03, 2022, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 2nd day of December, 2021.



WESTERN SURETY COMPANY

By Paul T. Bruhat  
 Paul T. Bruhat, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**







PAID

DEC 09 2021

Village of Hampshire

Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 www.hampshireil.org

OK 151 1250.00

APPLICATION FOR LIQUOR LICENSE

DATE: 12-8-2021

NAME OF BUSINESS: JIMMY'S SPORTS BAR SALES TAX ID: 85-1552294

NAME OF APPLICANT: ALMA D. CARRANZA

ADDRESS OF BUSINESS: 125 W. OAK Knoll DR, Hampshire IL 60140

BUSINESS PHONE NO.: 224-387-9178

MAILING ADDRESS: 125 W. OAK Knoll DR, Hampshire, IL, 60140

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- Class A-1 - \$1,500.00
Class A-2 - \$1,250.00
Class B-1 - \$1,500.00
Class B-2 - \$1,500.00
Class C-1 - \$1,500.00
Class C-2 - \$1,500.00
Class C-3 - \$1,750.00
Class C-4 - \$1,500.00
Class D - \$1,750.00
Class E - \$1,750.00
Class F - \$1,500.00
Class G - \$ 75.00
Class H- \$ 500.00
Class I- \$ 500.00

2. License Period:

Commencing on January 1, 22 and ending December 31, 22 or
Commencing on and ending December 31,

3. Type of Business Entity (check one):

- Individual
Partnership
Corporation
Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: ALMA D. CARRANZA  
BIRTHDAY: 06-21-1982  
HOME ADDRESS: 2641 Fallbrook DR, Hampshire IL, 60146  
DRIVERS LICENSE# CB52-0048-2776 HOME PHONE# 224-387-9178  
BUSINESS STATUS: ACTIVE  
PERCENTAGE OF STOCK HELD: 100%

Name: \_\_\_\_\_  
BIRTHDAY: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_  
BUSINESS STATUS: \_\_\_\_\_  
PERCENTAGE OF STOCK HELD: \_\_\_\_\_  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_  
If an Illinois corporation, state date of corporation: \_\_\_\_\_  
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. \_\_\_\_\_

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. to provide a place where people can come and enjoy  
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. \_\_\_\_\_

125 W. OAK KNOLL DR, Hampshire IL, 60140

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. yes  
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. East Dundee IL 11/2019

9. Has the applicant ever had any previous liquor license revoked? no  
If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? yes

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. ALMA D. CARDANZA  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  
\_\_\_\_\_

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? yes  
If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? no

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? no

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? no  
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? \_\_\_\_\_

18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  
yes

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? \_\_\_\_\_

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? yes
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? yes
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? yes
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? yes  
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Olmal

Sec. \_\_\_\_\_

STATE OF IL )  
 County of KANE ) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 8 day of Dec, 2021.



M Brandes

Notary Public





\$1500 11-30-21

Village of Hampshire  
234 S. State Street, Hampshire, IL 60140  
Phone: 847-683-2181 • www.hampshireil.org

### APPLICATION FOR LIQUOR LICENSE

DATE: 12/30/21  
NAME OF BUSINESS: Imm minn kans line dbc <sup>Newman's</sup> corner pub SALES TAX ID: 4265-3126  
NAME OF APPLICANT: Jeff Nawrocki  
ADDRESS OF BUSINESS: 1000 S. State St. Hampshire IL 60140  
BUSINESS PHONE NO.: 847-346-8218  
MAILING ADDRESS: 1000 S. State St. Hampshire IL 60140

TO: Local Liquor Control Commission  
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H - \$ 500.00    |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> Class I - \$ 500.00    |

2. License Period:

Commencing on January 1, 2022 and ending December 31, 2022 or  
Commencing on \_\_\_\_\_ and ending December 31, \_\_\_\_\_

3. Type of Business Entity (check one):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (specify)        |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Michael Gallo  
BIRTHDAY: 11/2/1967  
HOME ADDRESS: 632 Greens View Dr. Algonquin IL 60102  
DRIVERS LICENSE# 6400-5506-7012 HOME PHONE# 847-208-9314  
BUSINESS STATUS: President  
PERCENTAGE OF STOCK HELD: 67%

Name: Jeff Newack  
BIRTHDAY: 12/22/1971  
HOME ADDRESS: 614 DaVinci Dr Hampshire IL 60140  
DRIVERS LICENSE# A620-4357-1363 HOME PHONE# 847-346-8218  
BUSINESS STATUS: Vice President  
PERCENTAGE OF STOCK HELD: 33%  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_  
If an Illinois corporation, state date of corporation: 10/30/19  
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. \_\_\_\_\_
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Bar
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. S/W Corner of RT 72 and State St.
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. Yes  
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Local and state liquor



9. Has the applicant ever had any previous liquor license revoked? NO  
If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? YES

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. YES

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Jeff Nawrocki

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? YES

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? YES  
If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? NO

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? NO

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO  
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? \_\_\_\_\_

18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? NO

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? NO

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? yes
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? yes
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? yes
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? yes  
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Michael Ball

Sec. Jeff Bush

STATE OF IL )  
 ) SS  
 County of KANE )

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 30 day of NOV, 2021.



M Brandes  
 Notary Public



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64888403 briefly described as SPORTS BAR VILLAGE OF HAMPSHIRE

for TMM MINNIHAN'S INC. DBA NEWMAN'S CORNER PUB

\_\_\_\_\_, as Principal, in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 03, 2021, and ending December 03, 2022, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 29th day of November, 2021.

WESTERN SURETY COMPANY

By Paul T. Bruhat  
Paul T. Bruhat, Vice President



**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One SPORTS BAR VILLAGE OF HAMPSHIRE

bond with bond number 64888403

for TMM MINNIHAN'S INC. DBA NEWMAN'S CORNER PUB

as Principal in the penalty amount not to exceed: \$1,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President Paul T. Bruflat with the corporate seal affixed this 29th day of November, 2021.

ATTEST

P. Leitheiser  
P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY  
By Paul T. Bruflat  
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 29th day of November, 2021, before me, a Notary Public, personally appeared Paul T. Bruflat and P. Leitheiser

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



M. Bent  
Notary Public

My Commission Expires March 2, 2026

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/06/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> King-Forman Insurance Agency, Inc. 2604 E. Dempster S-501 Park Ridge IL 60068		<b>CONTACT NAME:</b> Marsha Nacon <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Mnacon@kingforman.com	
<b>INSURED</b> TMM Minnihan Inc, DBA: Newman's Corner Bar 1000 S State St Hampshire IL 60140		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Society Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL21113047641

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BP21037515	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Employee Benefits	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability			BP21037515	12/01/2021	12/01/2022	Limit	1,000,000

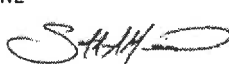
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Village of Hampshire  
234 S State St.  
Hampshire IL 60140

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  


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SF MW

**CNA SURETY**

PO Box 5077 Sioux Falls SD 57117-5077

November 29, 2021

1-800-331-6053  
Fax 1-605-335-0357  
www.cnasurety.com

Tmm Minnihan's Inc. dba Newman's Corner Pub  
1000 S State St  
Hampshire, IL 60140

File # 64888403

Tmm Minnihan's Inc. dba Newman's Corner Pub

\$1,500.00

Company Code: 0601

Written By: WESTERN SURETY COMPANY  
Sports Bar Village of Hampshire

Enclosed is your renewal certificate. To continue your bond coverage and keep it in force, you must file this renewal document with the village of Hampshire.

If you are no longer required to post this bond, please write the word "Cancel" directly on the document, and return it to CNA Surety.

If you have any questions, please contact your local agent.

Enclosure





PAID

NOV 15 2021

Village of Hampshire

Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

APPLICATION FOR LIQUOR LICENSE

DATE: 11 / 11 / 2021

NAME OF BUSINESS: RED OX RESTAURANT & BAR SALES TAX ID: 3413-0667

NAME OF APPLICANT: MARIA & VIKKI INC. d/b/a Red Ox Restaurant & Bar

ADDRESS OF BUSINESS: 129 E. OAK KNOLL, HAMPSHIRE, IL. 60140

BUSINESS PHONE NO.: 847-683-2300

MAILING ADDRESS: 129 E. OAK KNOLL, HAMPSHIRE, IL. 60140

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- Class A-1 - \$1,500.00
Class A-2 - \$1,250.00
Class B-1 - \$1,500.00
Class B-2 - \$1,500.00
Class C-1 - \$1,500.00
Class C-2 - \$1,500.00
Class C-3 - \$1,750.00
Class C-4 - \$1,500.00
Class D - \$1,750.00
Class E - \$1,750.00
Class F - \$1,500.00
Class G - \$ 75.00
Class H- \$ 500.00
Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2022 and ending December 31, 2022 or
Commencing on and ending December 31,

3. Type of Business Entity (check one):

- Individual
Partnership
Corporation
Other (specify)



4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: DIMITRA PANTELIS  
BIRTHDAY: 12 - 10 - 1958  
HOME ADDRESS: 1410 Pheasant Trail, HAMPSHIRE, IL 60140  
DRIVERS LICENSE# P534-1605-8951 HOME PHONE# 847-683-7041  
BUSINESS STATUS: OWNER  
PERCENTAGE OF STOCK HELD: 100%

Name: \_\_\_\_\_  
BIRTHDAY: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_  
BUSINESS STATUS: \_\_\_\_\_  
PERCENTAGE OF STOCK HELD: \_\_\_\_\_  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? YES  
If naturalized, state date and place of naturalization: JULY 23<sup>rd</sup>, 1985, CHICAGO, IL.  
If an Illinois corporation, state date of corporation: 11/19/2002  
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. \_\_\_\_\_

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. FULL SERVICE RESTAURANT AND LOUNGE.
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 1 STORY BUILDING AT 129 E. OAK KNOLL, HAMPSHIRE, IL. FULL SERVICE RESTAURANT AND LOUNGE.
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. YES  
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. VILLAGE OF HAMPSHIRE, STATE OF ILLINOIS, ATF.

9. Has the applicant ever had any previous liquor license revoked? NO.  
 If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_
10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? YES
11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. YES, NOVEMBER 2003.  
 Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.
12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. DIMITRA PANTELIS.  
 State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES, NOVEMBER 2003.  
 Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.
13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  
YES. (ATTACHED).
14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? YES, OWN IT.  
 If the answer is in the affirmative, attach a copy of said lease to the application.
15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? NO.
16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? NO.
17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO.  
 If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? NO.
18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  
NO.
19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? NO.

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? YES.

21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? YES.

22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? YES.

23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES.

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

\_\_\_\_\_

Sec. [Signature]

\_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS  
County of DEKARB )

The undersigned swears that all statements are true and correct.



CORPORATE SEAL

\_\_\_\_\_

Subscribed and sworn to before me this 12<sup>th</sup> day of November, 2021.

[Signature]  
Notary Public



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 14540751 briefly described as RESTAURANT/LIQUOR VILLAGE OF HAMPSHIRE

for MARIA & VIKKI, INC. DBA RED OX RESTAURANT & BAR

\_\_\_\_\_, as Principal,

in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning

November 26, 2021, and ending November 26, 2022, subject to all

the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 8th day of October, 2021.

WESTERN SURETY COMPANY

By Paul T. Brufat  
Paul T. Brufat, Vice President



**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Linda Lee Enterprises Inc DBA: FTS Insurance 14045 W.Petronella Dr., Ste. 2 Libertyville IL 60048	<b>CONTACT NAME:</b> Peter Stavrou <b>PHONE (A/C, No, Ext):</b> (847) 793-0776 <b>FAX (A/C, No):</b> (847) 793-0776 <b>E-MAIL ADDRESS:</b> pete@stavinsuranc.com  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Badger Mutual Insurance Co</td> <td>13420</td> </tr> <tr> <td>INSURER B : Standard Fire Insurance Co.</td> <td>19070</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Badger Mutual Insurance Co	13420	INSURER B : Standard Fire Insurance Co.	19070	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Badger Mutual Insurance Co	13420														
INSURER B : Standard Fire Insurance Co.	19070														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> Maria & Vikki Inc., DBA: Red Ox Restaurant & Bar 129 E. Oak Knoll Drive Hampshire IL 60140															

**COVERAGES** **CERTIFICATE NUMBER:** CL21111716387 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR (INSR VVVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability		0070373965	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED:      RETENTION \$					PERSONAL & ADV INJURY \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N/A	UB6N079046	05/10/2021	05/10/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor Liability \$ 1,000,000					
	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 129 E. Oak Knoll Drive, Hampshire, IL 60140						

**CERTIFICATE HOLDER**

**CANCELLATION**

Village of Hampshire 243 S State Street PO Box 457 Hampshire IL 60140-0457	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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5725

TA 044



**Village of Hampshire**  
 234 S. State Street, Hampshire, IL 60140  
 Phone: 847-683-2181 ▪ www.hampshireil.org

**APPLICATION FOR LIQUOR LICENSE**

DATE: 11/5/2021

NAME OF BUSINESS: TA Operating LLC d/b/a TravelCenters of America SALES TAX ID: 2494-0712

NAME OF APPLICANT: Patrick Hyland

ADDRESS OF BUSINESS : 19 N. 430 US Highway 20, Hampshire, IL

BUSINESS PHONE NO.: 847-683-4558

MAILING ADDRESS: 255 Washington Street, Suite 100, Newton, MA 02458

TO: Local Liquor Control Commission  
 Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> Class I- \$ 500.00     |

2. License Period:

Commencing on January 1, 2022 and ending December 31, 2021 or  
 Commencing on \_\_\_\_\_ and ending December 31, \_\_\_\_\_

3. Type of Business Entity (check one):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation  |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other (specify) Limited Liability Company |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Please see attached rider.

BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

PERCENTAGE OF STOCK HELD: \_\_\_\_\_

Name: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

PERCENTAGE OF STOCK HELD: \_\_\_\_\_

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? N/A

If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: N/A

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. October 30, 2007

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. TA Operating LLC is a multi-state retail licensee engaged in

travel hospitality.

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. \_\_\_\_\_

19 N 430 US Highway 20, Hampshire, IL 60140 - Travel Center

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. \_\_\_\_\_

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Please see attached rider.



9. Has the applicant ever had any previous liquor license revoked? No  
If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? Yes

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Local applicant was fingerprinted 11/16/21

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Patrick Hyland  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  
Yes

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? Yes  
If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? No

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? Yes - please see attached rider.

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? No  
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? \_\_\_\_\_

18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  
No

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? No





TA Operating LLC Members, Executive Officers and Directors  
Rider to Village of Hampshire, IL Application for Class B-2 License

<u>NAME</u>	<u>TITLE</u>	<u>OWNERSHIP INTEREST</u>	<u>HOME ADDRESS</u>	<u>PHONE NUMBER</u>	<u>DATE OF BIRTH</u>	<u>DRIVER'S LICENSE NUMBER</u>
Adam D. Portnoy	Managing Director	0	198 Commonwealth Ave. Boston, MA 02116	617-796-8242	6/20/1970	MA S11666018
Jonathan M. Pertchik	Managing Director, CEO	0	165 Channel Drive Naples, FL 34108	239-287-5076	08/04/1966	FL P632-433- 66-284-0
Barry A. Richards	President	0	7774 Rice Rd Amherst, OH 44001	440-471-7845	7/7/1952	OH TP105182
Peter J. Crage	EVP, CFO, Treasurer	0	11119 Coniston Way Windermere, FL 34786	440-502-0976	12/27/1961	FL C20-670- 61-467-0
Mark R. Young	EVP, General Counsel	0	27 Salcombe Street, Unit 2 Dorchester, MA 02125	617-533-7013	8/28/1962	MA S21305138
Jennifer B. Clark	Secretary	0	88 Hudson Road Sudbury, MA 01776	978-440-7876	6/1/1961	MA S26151553
Patrick Hyland	Resident Manager	0	220 Pochet Lane Schaumburg, IL 60193	847-683-4550	03/20/1963	H453-6616- 3082
TravelCenters of America Inc.	Sole Member	100%	24601 Center Ridge Road, Westlake, OH 44145	440- 808-9100	N/A	N/A

**TA Operating LLC d/b/a TravelCenters of America**  
Village of Hampshire, IL Class B-2 License Application  
Rider to Questions 8 & 16

TA Operating LLC is a wholly owned subsidiary of TravelCenters of America Inc., a publicly traded company which is listed on the Nasdaq (Nasdaq: "TA"). TA through its wholly owned subsidiaries owns and/or operates in excess of 220 travel centers across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA, (including 16 in Illinois).

None of the alcoholic beverage licenses described above has ever been revoked or cancelled, but some licenses have been voluntarily surrendered as a result of sale or closure of a licensed business. From time to time, some of the licensed locations have been the subject of alcoholic beverage regulatory inquiry leading to offers in compromise or, in limited cases, a brief suspension.

## CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0277196 in the sum of One Thousand Five Hundred Dollars and 00/100 (\$1,500.00) Dollars, on behalf of TA Operating LLC dba TravelCenters of America in favor of Village of Hampshire, Illinois subject to all the conditions and terms thereof through December 31, 2022 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 8<sup>th</sup> day of November, 2021.

RLI Insurance Company  
Surety

By:   
Frank Kinnett, Attorney-in-Fact (IL License #1727357)

# POWER OF ATTORNEY

## RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615  
Phone: 800-645-2402

### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

John E. Genet, Jarrod Hitt, Frank Kinnett, jointly or severally

in the City of Atlanta, State of Georgia its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

**RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 2nd day of June, 2020.



**RLI Insurance Company**  
**Contractors Bonding and Insurance Company**

By: B. W. Davis  
Barton W. Davis Vice President

State of Illinois }  
County of Peoria } SS

### CERTIFICATE

On this 2nd day of June, 2020, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 6th day of November, 2021.

By: Catherine D. Glover  
Catherine D. Glover Notary Public

**RLI Insurance Company**  
**Contractors Bonding and Insurance Company**  
By: Jeffrey D. Fick  
Jeffrey D. Fick Corporate Secretary

